

I) NOTICE OF INTENT TO COMPLY WITH TERMS OF THE CONDITIONAL WAIVER FOR IRRIGATED AGRICULTURE (RESOLUTION NO. R3-2004-0117)

1. FARM OPERATION INFORMATION

Farm Operation/Business Name:	
Contact Name:	Contact Title:
Pesticide Use Permit #:	
Physical Address:	Mailing Address, if different:
City:	City:
State: Zip:	State: Zip:
Contact Phone No.:	
Contact Fax No.:	
Email Address:	
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____	

2. MONITORING PROGRAM SELECTION (Please select one of the monitoring options)

Cooperative Monitoring Program <input type="checkbox"/>	Individual Monitoring Program <input type="checkbox"/>
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Note: Individual Monitoring requires that the applicant submit a Quality Assurance Program Plan and electronic data in formats specified by the adopted RWQCB Monitoring and Reporting Program. The Cooperative Monitoring Program option relieves individual applicants of these requirements. See additional comments regarding monitoring program selection on the NOI instruction form.

3. HOURS OF CERTIFIED WATER QUALITY EDUCATION

Hours of Certified Water Quality Education Completed _____ Hours
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4. FARM PLAN

Has a Farm Plan Been Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO
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5. ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED WITH THIS NOTICE OF INTENT

- a. Ranch Information Forms
- b. Farm Water Quality Management Practices Form
- c. Ranch map(s) as submitted to County Agricultural Commissioner for Pesticide Use Reports, or equivalent
- d. Certificate(s) of Water Quality Education

6. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

(Responsible Party)